

Pfizer Medical Education Group Request for Proposals (RFP) *HCP Perceptions on Immunization*

I. Background

The Pfizer Medical Education Group (MEG) is the unit within Pfizer that provides independent grants to facilitate patient care improvements by supporting initiatives aimed at exploring approaches to closing gaps in clinical practice. The term “independent” means the initiatives that our grants support are the full responsibility of the recipient organization. Pfizer has no influence over any aspect of the initiatives, and only asks for reports about the results and impact of the initiatives in order to share them publicly.

A gap in clinical practice is considered to be the difference between what is currently happening and what should be happening to meet the highest optimal standard of care.

Gaps may relate to:

- the ability or competencies of the healthcare professionals themselves,
- the capabilities of the systems in which they work to promote or allow proper management and
- other factors related to the external environment or patient population.

Pfizer MEG posts RFPs related to addressing gaps in practice in order to identify and support initiatives designed to impact these gaps. RFPs generally identify a clinical challenge and encourage applicants to address this challenge using strategies that deal with the development, adoption and/or integration of evidence-based health interventions to impact practice within specific settings. *Examples of approaches might include:*

- Identification of strategies to encourage provision and use of effective health services
- Identification of strategies to promote the integration of evidence into policy and program decisions.
- Appropriate adaptation of interventions according to population and setting
- Identification of approaches to scale-up effective interventions
- Development of innovative approaches to improve healthcare delivery
- Setting up an impact evaluation for a population based intervention

Pfizer is particularly vested in supporting programs that develop and implement interventions that are followed by rigorous assessment of the “efficacy” of the intervention; examining outcomes that may include both short and long term improvements in physician behavior and patient care.

The intent of this RFP is to encourage organizations with a focus in healthcare professional learning & change strategies and quality improvement to submit Letters of Intent (LOIs) related to the gaps described on the following pages. ***Successful applicants will be able to describe the specific quality gaps or problems in practice that exist for their own learners, or system, or community, and describe what they will do to close these gaps or solve these problems.***

This RFP model employs a two stage process: Stage 1 is the submission of the LOI. If, after review, your LOI is accepted, then you are invited to submit your full program proposal. Stage 2 is the submission of the Full Grant Proposal.

When a RFP is issued, it is posted on the Pfizer Medical Education Group website (www.pfizer.com/independentsupport) as well as those of other relevant organizations and is sent via e-mail to internal lists of all registered organizations and users in our grants system.

II. Requirements

Date RFP Issued:	3/14/2013
Clinical Area:	Immunization Perceptions
Specific Area of Interest for this RFP:	<p>It is our intent to support programs that focus on healthcare provider (HCP) perceptions of the risks and benefits of vaccines and how this dynamic is discussed with the patient population. This is especially significant in younger HCPs who are less likely to have treated patients suffering from vaccine-preventable diseases.</p> <p>Partnerships, including multi-disciplinary collaborations, are encouraged when appropriate. It is expected that interventions will be evidence-based (education and/or quality improvement) and that the proposed research/evaluation will follow generally accepted scientific principles. During review the intended outcome of the program is given careful consideration and, if appropriate based on the program goal, programs with the highest likelihood to directly impact patient care will be given the highest priority.</p>
Disease Burden Overview:	<p>A survey recently implied that recent medical school graduates are less sure of the risk-benefit ratio for vaccines than older physicians.¹ The authors felt this may be due to the fact that younger physicians are less likely to have seen patients ill with vaccine-preventable diseases than longer practicing physicians.</p> <p>Perceptions were found to play a significant role in medical student's decisions to be vaccinated against seasonal influenza, specifically their perceived risk of contracting influenza and of suffering from vaccine adverse events.² This same study found that knowledge about vaccination indirectly affected the intention to vaccinate and highlighted a lack of vaccination knowledge in their sample of medical students.²</p> <p>It has been noted that the rates of nonmedical exemption from school immunization have been rising in recent years steadily in states where there are easy exemption policies and at much higher rates for philosophical reason (as opposed to religious exemptions).³</p>

<p>Recommendations and Target Metrics:</p>	<p>Related Guidelines and Recommendations</p> <ul style="list-style-type: none"> • US Department of Health and Human Services. Healthy People 2020 objective IID-1: Reduce, eliminate, or maintain elimination of cases of vaccine-preventable diseases.⁴ • CDC’s Immunization Schedules for All Ages set national recommendations.⁵
<p>Gaps Between Actual and Target and Possible Reasons for Gaps:</p>	<p>A report comparing data from the 2011 National Health Interview Survey (NHIS) with 2010 data summarizing pneumococcal vaccine, tetanus toxoid–containing vaccines, and hepatitis A, hepatitis B, herpes zoster (shingles), and human papillomavirus (HPV) vaccines, by selected characteristics found modest increases in Tdap vaccination among persons aged 19–64 years and HPV vaccination among women, but only little improvement in coverage for the other vaccines among adults in the United States.⁶ The report makes highlights that the vaccines listed specifically in Healthy People 2020⁴ are still well below their respective target levels and note that little progress was made in improving adult coverage in the past year.⁶</p> <p>Data from the 2011 National Immunization Survey (NIS) shows progress toward the Healthy People 2020 goals related to adolescent vaccination coverage, though this progress varies from vaccine to vaccine.⁷ Data collected from the Healthy People 2010 data set⁸ shows that coverage rates for Dtap actually decreased from 1997 to 2008 but coverage again increased and this is almost at goal for 2011.⁹ Progress was made between the Healthy People 2010 baseline of 45% in 1997 and the 2008 baseline of 52% for varicella coverage, but still much progress is needed to reach the target of 90%.^{4,8} The 2011 coverage for HPV lags far behind the Healthy People 2020 Target.^{4,8}</p> <p>Data from the 2011 NIS regarding vaccine coverage among children aged 19–35 months show wider coverage.¹⁰ Many vaccines (MMR, HepB, poliovirus and varicella vaccine) are above their Health People 2020 targets.^{4,10} While other vaccines did not reach the Healthy People 2020 objectives (coverage for HepA and rotavirus and the birth dose of HepB continued to increase and PCV reached coverage levels seen for DTaP) reductions in disease have been seen. Differences in vaccine coverage were most noted by poverty level.¹⁰</p>

<p>Barriers:</p>	<p>The National Vaccine Advisory Committee has identified a number of barriers to adult immunization.¹</p> <p>Systems Barriers¹¹⁻¹³</p> <ul style="list-style-type: none"> • No system or structure for ensuring vaccination in adults • Lack of regular well-care visits for adults • Lack of access to, and utilization of, health-care services by adults • Ever changing providers and medical plans • Care received from subspecialists who do not consider vaccinations their responsibility • Inconsistent reimbursement • Inadequate on hand supplies and storage difficulties <p>HCP Barriers</p> <ul style="list-style-type: none"> • Lack of awareness of current ACIP adult immunization guidelines¹³ • Many patients fail to receive a recommendation from HCPs regarding adult vaccinations¹¹⁻¹³ • Many HCPs do not assess immunization histories¹⁴ • Lack of communication between HCPs regarding missing immunizations^{1,4} • Lack of objective performance evaluation¹³ • Younger doctors may be more skeptical of vaccines¹ • Some HCPs have difficulties identifying high-risk patients in need of vaccination.¹¹ • <p>Patient Barriers</p> <ul style="list-style-type: none"> • Discrepancy between physician perception and patients' actual reasons for why they do not receive vaccinations^{11,13,15} • Health literacy and lack of public knowledge¹¹ <ul style="list-style-type: none"> ○ Some at-risk populations may not recognize the risk¹¹ • Common myths related to immunizations^{11,16} • Concern about adverse events • Racial/ethnic disparities¹¹ <ul style="list-style-type: none"> ○ Patient race and age may be independent variables for whether or not they received a pneumococcal vaccination¹⁷ ○ Blacks and Hispanics were less likely to receive pneumococcal vaccination compared to whites^{18,19} ○ Elders living in the American Indian community may not receive pneumococcal vaccinations in accordance with age and risk recommendations.²⁰
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There are also many barriers to pediatric immunization.

- The Vaccines for Children Program,²¹ a federal entitlement program that provides vaccine at no cost for eligible children, has been effective in reducing potential gaps in coverage levels resulting from poverty status yet there still remains disparities in coverage by poverty status reflecting a barrier to vaccination.²²
- Vaccination coverage continues to vary across states, especially for the more recently recommended vaccines. Variations in vaccine coverage across states can be impacted by differences by state in factors such as^{23,24}
 - population characteristics,
 - state policies (e.g., child-care vaccination requirements),
 - vaccine financing policies that affect the availability of publicly purchased vaccine, and
 - immunization program activities (e.g., the presence of outreach activities)
- Family physicians may refer children and adolescents elsewhere for some vaccines (44.1% of 636 surveyed), with the most frequent referral location being a public health department.²⁵
 - A lack of adequate payment was listed as the reason for referring patients elsewhere for vaccines by one-half of those who refer patients.
- Deviations from recommended pediatric vaccine schedules may result in suboptimal outcomes.²⁶⁻²⁸

<p>Current National Efforts to Reduce Gaps:</p>	<p>Many efforts have been made to promote vaccination. Below are some examples of efforts made by various organizations both public and private. Many more exist.</p> <ul style="list-style-type: none"> • Substantial resources from the CDC, ranging from extensive reports on ACIP recommendations and practical Vaccine Information Statements to <i>The Pink Book: Epidemiology and Prevention of Vaccine-Preventable Diseases</i>, patient-focused materials on frequently asked questions, and more (http://www.cdc.gov/vaccines/pubs/default.htm) • The American Academy of Pediatrics hosts a number of resources related to pediatric immunization that include information for HCPs as well as Families. http://www2.aap.org/immunization/ • CDC Child, Adolescent & "Catch-up" Immunization Schedules http://www.cdc.gov/vaccines/schedules/hcp/child-adolescent.html • CDC's Preteens and Teens Still Need Vaccines http://www.cdc.gov/vaccines/who/teens/index.html • CDC Adult Immunization Schedule (www.cdc.gov/vaccines/recs/schedules/adult-schedule.htm) • Operation Immunization is a nationwide immunization awareness campaign that is a collaborative effort of the American Pharmacists Association Academy of Student Pharmacists (APhA-ASP) and the Student National Pharmaceutical Association (SNPhA). The goal is to protect the public health by raising awareness about vaccine preventable viral illnesses and immunizations, and subsequently to increase the number of immunized people. (http://www.pharmacist.com/Content/NavigationMenu2/PatientCareProjects/OperationImmunization/default.htm) • The American College of Physicians Adult Immunization Initiative includes a series of immunization related webinars as well as the ACP Guide to Adult Immunization (http://www.acponline.org/clinical_information/resources/adult-immunization/) • The American Medical Association provides a set of adult vaccine indication cards designed as a point-of-care toolkit (http://www.ama-assn.org/ama/pub/physician-resources/public-health/vaccination-resources/adult-vaccination.page) • The College of Physicians of Philadelphia created The History of Vaccines, an interactive website that chronicles the historical contribution of vaccines and antibodies to human health, explains the role of immunization in healthcare, and describes the work of pioneering vaccine researchers. (http://www.historyofvaccines.org/)
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	<ul style="list-style-type: none"> • The Immunization Action Coalition created a complete guide, Adults Only Vaccination: A Step-By-Step Guide (http://www.immunize.org/guide/), that covers several competencies and includes provider and patient materials such as Standing Orders for Administering Pneumococcal Vaccine to Adults (http://www.immunize.org/catg.d/p3075.pdf) • The National Foundation of Infectious Diseases hosts a number of resources tailored to specific vaccinations (http://www.nfid.org/index.html) as well as a patient focused educational website (http://www.adolescentvaccination.org/) • The National Network for Immunization Information (NNii) provides up-to-date, science-based information to healthcare professionals, the media, and the public: everyone who needs to know the facts about vaccines and immunization. (http://www.immunizationinfo.org/) • US Department of Health and Human Services patient focused educational site (http://www.vaccines.gov/)
Target Audience:	Healthcare providers working to immunize the outpatient population
Geographic Scope:	<input checked="" type="checkbox"/> United States Only <input type="checkbox"/> International(specify country/countries)_____
Applicant Eligibility Criteria:	<p>Medical, dental, nursing, allied health, and/or pharmacy professional schools, healthcare institutions, professional associations and other not-for-profit entities with a mission related to healthcare improvement may apply. Collaborations between schools within institutions, as well as between different institutions/organizations/associations, are encouraged with a particular emphasis on medical, nursing and pharmacy student education as well as resident education. Inter-professional collaborations that promote teamwork among institutions/organizations/associations are also encouraged.</p>
Expected Approximate Monetary Range of Grant Applications:	<p>Individual grants requesting up to \$500,000 will be considered. The total available budget related to this RFP is \$1,000,000.</p> <p>The amount of the grant Pfizer will be prepared to fund for any full proposal will depend upon the external review panel’s evaluation of the proposal and costs involved and will be clearly stated in the grant approval notification.</p>

<p>Key Dates:</p>	<p>RFP release date: 3/14/2013</p> <p>Letter of Intent due date: 4/12/2013</p> <p>Anticipated LOI Notification Date: 5/28/2013</p> <p>Please note, full proposals can only be submitted following acceptance of an LOI</p> <p>Full Proposal Deadline: 6/28/2013</p> <p>Anticipated Full Proposal Notification Date: 8/23/2013</p> <p>Anticipated award delivered following execution of fully signed LOA</p> <p>Period of Performance: 10/2013 to 7/2016</p>
<p>How to Submit:</p>	<p>Please go to the website at www.pfizer.com/independentsupport and click on the button "Go to the Grant System".</p> <p>If this is your first time visiting this site in 2013 you will be prompted to take the <i>Eligibility Quiz</i> to determine the type of support you are seeking. Please ensure you identify yourself as a first-time user.</p> <p>Submit LOIs in the clinical area: LOI-Immunization Perceptions.</p> <p>Requirements for submission: Complete all required sections of the online application and upload the completed letter of intent template. (<i>see Appendix</i>)</p>
<p>Questions:</p>	<p>If you have questions regarding this RFP, please direct them in writing to the Education Director for this clinical area, Susan Connelly at (susan.connelly@pfizer.com), with the subject line "RFP Immunization Perceptions 3-14-13"</p>
<p>Mechanism by Which Applicants will be Notified:</p>	<p>All applicants will be notified via email by the dates noted above.</p> <p>Applicants may be asked for additional clarification or to make a summary presentation during the review period.</p>

References:

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3. Omer SB, Richards JL, Bednarczyk RA. Vaccination Policies and Rates of Exemption from Immunization, 2005–2011. *N Engl J Med* 2012; 367:1170-1171
4. US Department of Health and Human Services. Healthy People 2020 objectives. Available at: <http://www.healthypeople.gov/2020/topicsobjectives2020/pdfs/Immunization.pdf>. Accessed February 19, 2013.
5. CDC's Immunization Schedules All Ages Available at: <http://www.cdc.gov/vaccines/schedules/> Accessed February 19, 2013.
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8. CDC. DATA2010: the Healthy People 2010 Database. <http://wonder.cdc.gov/data2010/> Accessed December 27, 2012.
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11. National Vaccine Advisory Committee. A Pathway to Leadership for Adult Immunization: Recommendations of the National Vaccine Advisory Committee. *Public Health Reports*. 2012 (Suppl 1):1-42.
12. The Robert Wood Johnson Foundation. *Adult Immunization: Shots to Save Lives*. Washington, DC: February, 2010.
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17. Zimmerman RK, et al. Understanding adult vaccination in urban, lower-socioeconomic settings: influence of physician and prevention systems. *Ann Family Med*. 2009;7(6):534-541.
18. Hausmann LR, et al. Racial and ethnic disparities in pneumonia treatment and mortality. *Medical Care*. 2009;47(9):1009-1017.

19. Ross JS, et al. Use of stroke secondary prevention services: are there disparities in care? *Stroke*. 2009;40(5):1811-9.
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21. CDC. Vaccines for Children Program. Available at: <http://www.cdc.gov/vaccines/programs/vfc/default.htm>. Accessed May 7, 2012/
22. National and State Vaccination Coverage Among Children Aged 19--35 Months --- United States, 2010. *MMWR*. 2011;60(34):1157-1163.
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27. Jansen VA, et al. Measles outbreaks in a population with declining vaccine uptake. *Science* 2003; 301 (5634): 804.
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III. Terms and Conditions

1. Complete TERMS AND CONDITIONS for Certified and/or Independent Professional Healthcare Educational Activities are available upon submission of a grant application on the Medical Education Group website www.pfizer.com/independentsupport.
2. This RFP does not commit Pfizer to award a grant, or to pay any costs incurred in the preparation of a response to this request.
3. Pfizer reserves the right to accept or reject any or all applications received as a result of this request, or to cancel in part or in its entirety this RFP, if it is in the best interest of Pfizer to do so.
4. Pfizer reserves the right to announce the details of successful grant application(s) by whatever means insures transparency, such as on the Pfizer website, in presentations, and/or in other public media.
5. For compliance reasons and in fairness to all providers, all communications about the RFP must come exclusively to the Medical Education Group. Failure to comply will automatically disqualify providers.

6. Pfizer reserves the right to share the title of your proposed project, and the name, address, telephone number and e-mail address of the requestor for the applicant organization, to organizations that may be interested in contacting you for further information (e.g., possible collaborations).

IV. Transparency

Consistent with our commitment to openness and transparency, Pfizer reports education grants provided to medical, scientific and patient organizations in the United States. In the case of this RFP, a list of all LOIs selected to move forward may be publicly disclosed. In addition, all approved full proposals, as well as all resulting materials (e.g., status updates, outcomes reports etc) may be posted on the Pfizer MEG website.

Appendix: Letter of Intent Submission Guidance

LOIs should be single spaced using Calibri 12-point font and 1-inch margins. Note that the main section of the LOI has a 3-page limit. ***Any proposals not meeting these standards will not be considered.***

LOIs will include the following sections

Main Section (not to exceed 3 pages):

- A. Title
- B. Goal
 - 1. Briefly state the overall goal of the intervention
- C. Objectives
 - 1. List the *overall* objectives you plan to meet with your intervention both in terms of learning and expected outcomes. Do not include learner objectives.
- D. Assessment of Need for the Intervention
 - 1. Please include quantitative baseline data summary, initial metrics (e.g., quality measures), or project starting point (please cite data on gap analyses or relevant patient-level data that informs the stated objectives) in *your* target area. Describe the source and method used to collect the data. Describe how the data was analyzed to determine that a gap existed. The RFP includes a national assessment of the need for the intervention. Please do not repeat this information within the LOI (you may reference the RFP if needed). Only include information that impacts your specific intervention, linking regional or local needs to those identified on the national basis if appropriate.
 - 2. Describe the primary audience(s) targeted for this intervention. Also indicate who you believe will directly benefit from the project outcomes..
- E. Intervention Design and Methods
 - 1. Describe the planned intervention and the way it addresses the established need.
 - 2. Describe the overall population size as well as the size of your sample population.
- F. Innovation
 - 1. Explain what measures you have taken to assure that this project idea is original and does not duplicate other programs or materials already developed.
 - 2. Describe how this initiative builds upon existing work, pilot projects, or ongoing programs, etc developed both by your institution or other institutions related to

this program

G. Design of Outcomes Evaluation

1. Describe how you will determine if the practice gap identified in the needs assessment was addressed for the target group in terms of the metrics used for the needs assessment.
 - Identify the sources of data that you anticipate using to make the determination.
 - Describe how you expect to collect and analyze the data.
 - Explain the method used to control for other factors outside this intervention (e.g., use of a control group, comparison with baseline data)
- b. Quantify the amount of change expected from this intervention in terms of your target audience
- c. Describe how you will determine if the target audience was fully engaged in the intervention.
- d. Describe how the project outcomes might be broadly disseminated.

H. Project Timeline

I. Requested Budget

1. A total amount requested is the only information requested at this time
2. While estimating your budget please keep the following items in mind:
 - Institutional overhead and indirect costs can be included within the grant request. Examples include human resources department costs, payroll processing and accounting costs, janitorial services, utilities, property taxes, property and liability insurance, and building maintenance as well as additional initiative expenses such as costs for publication, IRB / IEC review fees, software license fees, and travel. Please note: Pfizer does not provide funding for capital equipment.
 - Pfizer maintains a company-wide, maximum allowed overhead rate of 28% for independent studies and initiatives. If your institution has a preexisting and published indirect overhead rate that exceeds this amount, you will be asked to provide the appropriate documentation if you are requested to submit a full proposal. Exceptions may be reviewed on an initiative by initiative basis, but we cannot guarantee approval.

J. Additional Information

1. If there is any additional information you feel Pfizer should be aware of concerning the importance of this project, please note it in within the page limitations

Organizational Detail (not to exceed 1 page)

Describe the attributes of the institutions/organizations/associations that will support and facilitate the execution of the project and the leadership of the proposed intervention.

LOIs should be single spaced using Calibri 12-point font and 1-inch margins. There is a 3-page limit for the main section and 1 page limit for organizational detail. If extensive, references may be included on 1 additional page. **Final submissions should not exceed 5 pages in total** (3 pages for the main section, 1 page for organizational detail, and 1 page for references).

Make every effort to submit as **few** documents as possible (preferably 1). There is no need to submit the organization detail or references in a separate document from the main section of the LOI.

*Please note the formatting and page limit for the LOI. The LOI is inclusive of additional information of any kind. A submission exceeding the page limit **WILL BE REJECTED and RETURNED UNREVIEWED.***